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| PETITION FOR EXTENSION OF TIME UNDER 37 CFR 1.136(a)   |   |   |                 | Atty. Docket Number: 1333.46425X00 |  |
|--|---|---|-----------------|------------------------------------|--|
| Mail Stop: AF - FEE  |   | In re Application of: K. ABE et al.   |                 |                                    |  |
|  |   | Application Number: 10/587,539  |                 | Filed: July 28, 2006               |  |
|  |   | For: NEOCULIN ACIDIC SUBUNIT, A TASTE-MODIFYING POLYPEPTIDE (as amended 02/24/2010) |                 |                                    |  |
|  |   | Group Art Unit: 1656  |                 | David J. Steadman                  |  |
|  |   | Confirm. No: 6923   | Examinor.       | Bavia o. Otcadinari                |  |
| This is a request under the provisions of 37 CFR 1.136(a) to extend the period for filing a reply in the above identified application.   |   |   |                 |                                    |  |
| The requested extension and appropriate non-small-entity fee are as follows (check time period desired):   |   |   |                 |                                    |  |
| <u>X</u>   | One month (37 CFR 1.17(a)(1))   |   | <u>\$130.00</u> |                                    |  |
|  | Two months (37 CFR 1  | .17(a)(2))  |                 | \$490.00                           |  |
|  | Three months (37 CFR  | 1.17(a)(3))   |                 | \$1,110.00                         |  |
|  | Four months (37 CFR 1   | .17(a)(4))  |                 | \$1,730.00                         |  |
|  | Five months (37 CFR 1   | · / · //  |                 | \$2,350.00                         |  |
|  |   | entity status. See 37 CFR 1.27. The reduced by one-half, and the resul              |                 |                                    |  |
|  | A check in the amount of  | of the fee is enclosed  |                 |                                    |  |
| $\mathbf{X}$   | Payment by credit card. (\$130.00).   |   |                 |                                    |  |
|  | The Commissioner has Account.   | already been authorized to charge   | fees in this a  | application to a Deposit           |  |
| <u>X</u>   | The Commissioner is hereby authorized to charge any deficiency of fees, or credit any overpayment, to Deposit Account No. 01-2135 (case 1333.46425X00). |   |                 |                                    |  |
|  | I have enclosed a duplicate copy of this sheet  |   |                 |                                    |  |
| l am the   | <u>I am the</u> Applicant/inventor  |   |                 |                                    |  |
| assignee of record of the entire interest. See 37 CFR 3.71   |   |   |                 |                                    |  |
| Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)   |   |   |                 |                                    |  |
| X attorney or agent of record  |   |   |                 |                                    |  |
| <u>X</u> attorney or agent under 37 CFR 1.34   |   |   |                 |                                    |  |
| 28,565 Registration number if acting under 37 CFR 1.34(a)  |   |   |                 |                                    |  |
| WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038. |   |   |                 |                                    |  |
| O  | ctober 1, 2010  | /William I. Solomon/  |                 |                                    |  |
|  | ate   | Signature<br>William I. Solomon   |                 |                                    |  |
| NOTE: Cianaturas of all the inventors or assigness of record of the entire interest or their representative (s) are required. Culturit multiple                                  |   |   |                 |                                    |  |

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.

Burden Hour Statement: This form is estimated to take 0.1 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P O Box 1450, Alexandria, VA 22313-1450.